

Information Bulletin

July 16, 2020

Attention: **Hearing Aid Providers (HAP) in BC & Hearing Aid Providers Out-of-Province (HAP OOP)**

Subject: **New Form for Lost or Damaged (beyond normal wear and tear) Hearing Aids (form 51W18), Updated Hearing Aid Replacement Request (form 51W6), and Invoicing**

New Form for Lost or Damaged (beyond normal wear and tear) Hearing Aid(s)

Health Care Services has created a new form for [Lost or Damaged \(beyond normal wear and tear\) Hearing aids \(form 51W18\)](#).

When you are requesting replacement for Lost or Damaged (beyond normal wear and tear) Hearing aids, you **no longer** need to send in the Hearing Aid Replacement Request (Form 51W6). Instead, please use the new form for Lost or Damaged (beyond normal wear and tear) Hearing aids (form 51W18) effective July 15, 2020.

- Hearing Aid Replacement Request (form 51W6) has been updated to reflect this change.
- Form 51W18 and updated form 51W6 can be found on the WorkSafeBC website within the [Hearing Aid Services page](#).

Please ensure you are using the most up-to-date forms. [Updated forms](#) can be found on the website within the Hearing Aid Services page.

Steps for Lost or Damaged Hearing Aid(s):

When hearing aid(s) have been lost or damaged (beyond normal wear and tear), replacement authorization is **always required** by WorkSafeBC, *regardless of the age of the hearing aid(s)*. Hearing aid(s) replacement requests for lost or damaged hearing aids (beyond normal wear and tear) are reviewed by a board officer on an individual basis, separate from the initial claim decision and any other prior loss or damage decisions. The injured worker must write a letter to their board officer explaining the circumstances of the lost or damage of the hearing aid(s).

- The Hearing Aid Provider must submit a Lost or Damaged (beyond normal wear and tear) Hearing Aids Form (51W18).
- Lost or Damaged (beyond normal wear and tear) Hearing Aids Form (51W18) can include the injured worker's letter, or the injured worker can send the letter directly to WorkSafeBC.
- The injured worker will be mailed a decision letter from WorkSafeBC indicating if the request is approved or denied. The Hearing Aid Provider must see the decision letter before ordering replacement hearing aid(s).
 - If approved, the Hearing Aid Provider can proceed with the regular hearing aid(s) replacement process.
 - If denied, the injured worker will be required to independently purchase the replacement hearing aid(s) at the manufacturer cost and pay the fitting fee and any other associated fees to the Hearing Aid Provider.

**Please Review Section 7.0 in the Reference Manual*

Invoicing

If the lost or damaged hearing aid replacement (and applicable fees) request has been **approved**:

1. **Within** the first year of original fitting date (within the lost or damaged warranty period)
 - Please document on the invoice in Service Description that the fee code is related to a re-fitting fee code 19626 for lost hearing aid within one year and the serial number of hearing aid.
 - The Hearing Aid Manufacturer will only provide one hearing aid "per ear" within the one year lost or damaged warranty period, at no cost to WorkSafeBC.
2. If the injured worker subsequently loses or damages the hearing aid that was replaced **within** the first year of the original fitting date (within the lost or damaged warranty period) and the lost or damaged warranty replacement has been **used**:
 - Please indicate on the Form 51W18 that the lost replacement, within the lost and damaged warranty period, has been used.
 - Since this is considered a *new order*, document the *new fitting date* on the invoice (form 51D12) for the re-fitting fee code 19626.

3. **After** the first year of the original fitting date:

- the *new fitting date* must be documented on the invoice (form 51D12)
- Please document in the Service Description that the Fitting Fee is related to a lost or damaged hearing aid replacement.

Reminders

Please include hearing aid serial numbers on the invoice in the Service Description section when billing the Fitting Fee or Re-fitting fee code.

Complete the [Hearing Aid Returns form 83D425](#) for any hearing aids exchanged and returned to the manufacturer.